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TEAM CHIEF PROTOCOL 1

Opening Conference/Organization Overview

Purpose
This protocol integrates topics from the AFIA and JCAHO's comprehensive accreditation manual for ambulatory care (CAMAC) or comprehensive accreditation manual for hospitals (CAMH) opening conference and organizational overview. The opening conference/organizational overview is a combined activity.
- MTF provides the odyssey team with a broad overview of the medical group including:
  - ➢ Mission and vision
  - ➢ Population served
  - ➢ Identification of services provided and any affiliation or support agreements (can include organizational chart)
  - ➢ Identification of key leadership staff
  - ➢ Brief overview of the organization's decision making process
- Odyssey team chiefs:
  - ➢ Introduce odyssey team
  - ➢ Brief overview of the odyssey process
  - ➢ Establish rapport with key organization staff
  - ➢ Make necessary adjustments in the agenda based on issues identified by the MDG, JCAHO, or AFIA

Attendees
- Wing/center commander (optional)
- Key medical group staff
- All odyssey team members
- Others at the discretion of the medical unit commander

Special Requirements
Select an appropriate briefing location to accommodate all attendees--usually the wing or medical unit conference room. The briefing room should contain equipment to support a computerized slide presentation.

Process

The AFIA team chief and JCAHO team chief will lead participation in the opening conference.

- If members of the odyssey team need to meet with individual staff members of the organization to plan later survey activities, such meetings should not detract from the scheduled agenda or from the work of other members of the team. The time established for such meetings should be at the convenience of the staff member as well as that of the surveyor making the request.
- Survey team questions will pertain to clarification of points in the presentation. Questions on assessment of standards compliance will be deferred to survey activities after the document review session.

Description of Activities and Conference Agenda

An interactive conference will occur centering around the issues described above and below.

Time	Topic
15 min	Organizational overview presented by the medical group commander
5-10 min	Introduction of: • Medical group executive staff • AFIA inspectors and a short briefing of the inspection process presented by the AFIA team chief • JCAHO surveyors and comments about the JCAHO survey process by the JCAHO team chief • Wing commander's comments (if attending)
5 min	Adjust scheduling conflicts identified after the agenda was published

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

TEAM CHIEF PROTOCOL 2

Performance Improvement Overview

Purpose This protocol:
- Integrates issues from AFIA's Executive Management and JCAHO's CAMH/CAMAC performance improvement overview
- Is a combined activity conducted with key organizational staff, JCAHO surveyors and AFIA representatives
- Is designed to provide context for subsequent inspection activities relating to the organization's performance improvement initiatives

Note: There are no specific HSI scoring guidelines, which pertain to this conference (JCAHO only).

Attendees
- Key medical group staff (one staff member should brief)
- JCAHO surveyors
- HSI team chief or other inspectors at the team chief's discretion

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Special Requirements Select an appropriate briefing location to accommodate all attendees--usually the wing or medical unit conference room.

Process
- The presentation should address:
  - Rationale for the approach adopted
  - How the approach has been tailored to meet the needs of the organization
  - Those responsible for decision making throughout the improvement activities
  - Relation of the coordinating group to the organization's senior leadership (unless they are the same)
  - Unique ways that measurement or other activities have been organized
  - Status of the process
  - A brief reference to any significant improvements to date
- Please limit presentation to your facility's most significant PI initiative

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Description of Activities and Conference Agenda

The performance improvement overview is held immediately after the opening conference.

- Overview presentation must take place <u>before</u> the document review to orient surveyors to materials that will be used during that activity
- Leadership interview must take place <u>after</u> document review in order to enable surveyors to formulate questions specific to the organization's planning and other leadership processes

<u>Note</u>: Combining the overview presentation and the leadership interview is not appropriate.

Time	Topic
25 min	Performance improvement overview presented by the medical group staff briefer
5 min	Inspector and surveyor questions to clarify impressions

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

TEAM CHIEF PROTOCOL 3

Professional/Functional Oversight Conference

Purpose
- This protocol measures the ongoing integration of senior professional clinical responsibilities into the unit's military mission.
- It is an opportunity to assess:
  - Strategic and mission support planning
  - Community relations
  - Major organizational issues (e.g., large-scale deployments, family relocation, service closure, etc.)
  - Medical group leadership and communication
  - Executive staff oversight of clinical healthcare delivery functions
  - Professional conduct and mentoring

Attendees
- Medical group commander
- Medical unit executive staff to include SGH, SGN, SGP, SGA, SGB, SGD, Group Superintendent and First Sergeant
- Squadron commanders
- HSI team chief, senior enlisted inspector and other inspectors at the team chief's discretion
- Others at the discretion of the medical unit commander

Special Requirements

Select an appropriate briefing location to accommodate all attendees—usually the medical unit conference room.

Process
- The interview will be used to gather information on:
  - New processes and collaboration/involvement of leaders and others
  - The collaboration of senior leaders and participation of other leaders and representatives from the organization, including those at the AF Surgeon General's office, in the development of new processes
  - Leaders' understanding regarding the approaches and methods of performance improvement
  - Pertinent issues identified during pre-survey information analysis and during the document review session
  - Senior leader collaboration in performing these functions:
    - Strategic and operational planning
    - Organizational performance measurement
    - Information management
    - Human resources management
    - Management of the environment of care
    - Continuum of care
    - Patient rights and organizational ethics

- Scoring will be based on information gathered during the interview process and on organizational commitment to:
  - ➢ Organization's mission, vision, and plans
  - ➢ Needs and expectations of patients, staff and others
  - ➢ Up-to-date information sources about designing processes (such as practice guidelines or parameters)
  - ➢ Performance of the processes and their outcomes in the organization (such as information from reference databases)

Description of Activities and Conference Agenda

This protocol supports the following elements:
LD.3.1.1 Executive Management (Senior Leadership)
LD.3.1.3 Professional/Functional Oversight
LD.3.1.4 Executive Oversight of Health Care Delivery
LD.3.3.1 Squadron Leadership
EX.1.5.8 Management of Aerospace Medical Services Delivery
IG.2.5.1 Professional Services Management

This conference is held <u>after</u> the opening conference (organizational overview), performance improvement overview and document review session but <u>before</u> other survey activities.

<u>Note</u>: Subject to change

Time	Topic

45 min	• Assess the effectiveness of senior clinical leadership in:
	  ➢ Setting medical policy for the facility and providing oversight for its implementation
	  ➢ Collaborating with the executive team in effective policy and decision making
	  ➢ Determining resource requirements and implementing the mission support plan
	  ➢ Monitoring clinical care efficiency/outcomes of care interventions

Time	Topic

	• Assess senior clinical leadership effectiveness in ensuring:
	  ➢ Medical support was adequate to meet mission requirements and maintain health standards
	  ➢ Planning was appropriate and current
	  ➢ Personnel were trained and proficient in the performance of their assigned duties
	  ➢ A method had been established to ensure career development activities and mentoring
	  ➢ The commander was advised on matters affecting health and welfare of personnel
	  ➢ Medical staff functions were performed and improvements made based upon metrics used to evaluate performance
	  ➢ Appropriate management of access to care, appointment systems, referrals, managed care issues and the aeromedical evacuation system

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

TEAM CHIEF PROTOCOL 4

Health Care Council (HCC)

Purpose   To receive direct beneficiary feedback from representatives of major external customer groups.

Attendees   Customary Health Care Council members without medical unit attendees.

Special Requirements   A room large enough to accommodate personnel attending the interview. It should be outside the medical unit.

Description of Activities and Conference Agenda   An interactive discussion will occur centering around the topics described below. Participants will be asked to describe their impression or experiences regarding each topic.

Time	Topic
45 min	LD.3.1.7 Health Care Council (HCC) • Customer relations, courtesy and sensitivity, effectiveness of communications with the medical unit staff, improvements in care based on suggestions/recommendations from the HCC • Clinical care efficiency/outcomes of care interventions • Access to care, appointment systems, referrals, managed care issues and aeromedical evacuation system • Prevention/community outreach programs

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

TEAM CHIEF PROTOCOL 5

Status Update for Leadership

Purpose
These briefings are feedback and update sessions. The first status update is scheduled as the first activity of the second inspection day. The second status update is scheduled at the close of the second inspection day.

- Provide the organization's staff with preliminary summary findings from the inspection activities. The briefing is <u>not</u> a total report of the day's activities. Team members may use the occasion to note exemplary performance.
- Emphasize patterns of significant concern likely to have an impact on the accreditation status of the organization.
- Allow staff to add or comment on information that may have been missed during the previous day and which may affect determination of compliance. If significant issues are identified relating to inspector findings, further discussion should be scheduled between a team member and appropriate staff. Because of time limitations, resolution of such issues is generally not possible during the briefing, but should occur in private forum.
- Review the agenda for the upcoming day at the first status update meeting. If adjustments are necessary these changes should be agreed upon at this time.

Attendees
- Medical group commander
- Medical unit executive staff
- All HSI and JCAHO team members

Special Requirements
Select an appropriate briefing location to accommodate all attendees--usually the medical unit conference room.

Inspector Contact
For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

TEAM CHIEF PROTOCOL 6

Leadership Exit Conference

Purpose The conference is held at the conclusion of the inspection to brief the medical unit stakeholders on the preliminary outcome.

Attendees
- Key medical group staff
- All odyssey team members
- Others at the discretion of the medical unit commander

Special Requirements Select an appropriate location, usually the wing or medical unit conference or briefing room. The room should have equipment capable of computerized slide show presentation.

Description of Activities and Conference Agenda An interactive conference will occur centering around the issues described below.

Time	Topic
Approx 45 min	• AFIA will provide HSI findings and summary comments • JCAHO will: ➢ Review the preliminary report, if the medical unit commander determines that the preliminary report will be made available to the attendees ➢ Report the potential accreditation decision to the organization, based on the findings, whether or not the preliminary report is presented in writing

Inspector Contact For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

TEAM CHIEF PROTOCOL 7

Provider Credentials and Privileging Conference

Purpose	To evaluate local policies and procedures for management of adverse credentialing actions.

Medical Unit Attendees	The following personnel should participate in this conference: • Unit credentials program manager • Executive staff member charged with credentials oversight (SGH) • Any other personnel involved in the privileging process • HSI team chief or other inspector at the team chief's discretion

Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs and table arranged to facilitate discussion.

Description of Activities and Conference Agenda	An interactive discussion focused on topics described below will occur. Specific questions, estimated times, and sequence of events are listed to facilitate the medical unit's preparation, but may vary as inspector deems necessary.

Time	Topic
30 min	LD.3.3.5 Abeyance, Inquiry/Investigation, Adverse Actions Using the adverse actions worksheet, an interactive discussion of the process will occur involving identified case(s) (see Figure 1).

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

ADVERSE ACTIONS OF PRIVILEGED STAFF AUDIT REPORT   **Figure 1**
(AFI 44-119, Chapter 7, 4 Jun 01)

Case Number: _____

Instructions: First, go through the audit list, filling in dates in the blanks as indicated, using printed data provided by the credentials office. Next, tally times elapsed and fill in blanks as indicated. Finally, enter true (T), false (F), or not applicable (NA) for each of the following statements. The T-F questions have, in parentheses, the applicable paragraph from AFI 44-119.

1. Initial actions worksheet:

Date MDG/CC first learned of alleged misconduct: _____

Date Wing Staff Judge Advocate contacted: _____

Date regional Medical Law Consultant contacted: _____

Date inquiry into allegations began: _____

Number calendar days between first MDG/CC knowledge and inquiry start: ____

2. Provider's employment was not severed (to include PCS, separation, or retirement) in lieu of taking an adverse action that is indicated. (7.6.1.)   **T   F   NA**

3. Identities of persons providing information, which led to credentialing actions, were not revealed unnecessarily. (7.7.)   **T   F   NA**

4. Allegations of substandard performance or misconduct within the past 12 months were investigated by medical facility leadership. (7.8.)   **T   F   NA**

   a. The provider was notified of the allegations. (7.8.)   **T   F   NA**

   b. The provider was afforded an opportunity to provide information on his or behalf. (7.8.)   **T   F   NA**

5. The action involved the MDG/CC. (7.9.)   **T   F   NA**
(If "false", e.g., MDG/CC not involved in action, enter "NA" for items 5a – 5e)

   a. The MDG Credentials Function chairperson notified HQ MAJCOM/SG of the allegations against the MDG/CC. (7.9.)   **T   F   NA**

   b. HQ MAJCOM/SG notified MDG/CC's commanding line officer. (7.9.)   **T   F   NA**

   c. HQ MAJCOM/SG responsible for privileging actions once notified. (7.9.)   **T   F   NA**

   d. The commanding line officer handled all other actions. (7.9.)   **T   F   NA**

e. HQ MAJCOM/SG appointed a senior physician to act as MDG/CC for the case. (7.26.1.)   **T   F   NA**

6. The alleged conduct, condition or performance: (7.11)   **T   F   NA**

    a. Posed a threat to the health and safety of patients   **T   F   NA**

    b. Lesser allegation   **T   F   NA**

    c. If 6.a. above occurred, the provider was immediately removed from patient care duties by the Credentials Function chairperson. (7.11.)   **T   F   NA**

    d. If suspension was necessary, the Credentials Function chairperson/SGH or the MDG/CC was the acting officer who imposed the suspension. (7.13.)   **T   F   NA**

7. The Credentials Function chairperson determined what action (disposition) was proper. (7.11.)   **T   F   NA**

    a. The proper disposition determined was (circle one):

    - abeyance

    - suspension

    - no action

    b. If the Credentials Function chairperson/SGH determined that the necessary action was abeyance or suspension, an internal or external peer review or other inquiry took place. (7.12.)   **T   F   NA**

    c. If abeyance occurred, it was not treated as an adverse action. (7.12)   **T   F   NA**

    d. Abeyance extended beyond 30 calendar days. (7.12.)   **T   F   NA**

    e. If abeyance *did* extend beyond 30 calendar days (7.d. above is true), there was an extension granted by the MDG/CC and it was granted *before* the expiration of the first period of 30 calendar days. (7.12.)   **T   F   NA**

    f.   The abeyance period did not close after 60 calendar days, and the action automatically became a suspension of privileges. (7.12.; 7.13.)   **T   F   NA**

8. Suspension was used to control a provider's practice during an investigation, reevaluation, rehabilitation or retraining. (7.13.)   **T   F   NA**

9. If abeyance or suspension occurred, the provider was notified in writing (attachment 10 & 11). (7.12.1.; 7.13.1.)   **T   F   NA**

10. If a privileging is under review, MDG/CC withdrew the provider's clinically related off-duty employment privileges. (7.18.) **T F NA**

11. If suspension or other adverse action occurred, MDG/CC notified civilian off-duty employers of the action. (7.18.) **T F NA**

12. Abeyance or suspension actions that led to complete reinstatement following investigation were kept in the Provider Activity File (PAF). (7.40.) **T F NA**

13. Abeyance or suspension actions that led to loss or limitation of privileges were maintained in the PCF in Section III, even if privileges were later reinstated. (7.40.) **T F NA**

14. The provider's notification of abeyance or suspension included the basis for the action and that an inquiry was to be conducted. (7.12.1.; 7.13.1.) **T F NA**

15. The provider in question was a member of a contract group. (If "False", circle NA for items 15a-15b) **T F NA**

  a. If there was abeyance action of a provider who is a member of a contract group, a copy of the notification and subsequent correspondence was provided to the contract group. (7.17.1.) **T F NA**

  b. If there was abeyance or suspension of a provider who is a member of a contract group, the contracting officer was notified of the substandard performance, and was consulted on further actions in the management of the case. (7.17.1.) **T F NA**

16. If additional investigators were required in house, the MDG/CC appointed those investigators. (7.14.) **T F NA**

17. The investigating officer(s) provided a report of inquiry (which may include conclusions or recommendations) to the MTF Credentials Function through the credentials chairperson. (7.14.) **T F NA**

18. When the Credentials Function reviewed the investigating officer's report of inquiry, it recommended only one of the listed possibilities in Para 7.22. **T F NA**

19. If the Credentials Function chairperson made additional recommendations, recommendations were forwarded under separate cover to the MDG/CC. (7.23.) **T F NA**

20. MDG/CC decision worksheet:

Date Credentials Function forwarded recommendations to MDG/CC: _____

Date MDG/CC acted on recommendations (date of letter to provider): _____

Number of calendar days elapsed: _____

Date MDG/CC notified provider of decision and right to hearing: _____

    a. The MDG/CCFC acted within 5 calendar days upon the recommendations   **T   F   NA**
    of the Credentials Function. (7.23.1.)

    b. If the MDG/CC acted to deny, reduce, or revoke, he/she notified the   **T   F   NA**
    provider of right to a hearing and appeals rights. (7.23.3.and Atch 13)

21. Hearing worksheet - provider:

Date provider received MDG/CC decision letter: _____

Date provider requested hearing: _____

Number of calendar days elapsed: _____

The provider requested a hearing within 30 calendar days. (7.24.)   **T   F   NA**

22. Hearing worksheet - Credentials Function:

Date credentials chairperson received provider request for hearing: _____

Date credentials chairperson returned written notice of hearing: _____

Number of calendar days elapsed: _____

    a. The Credentials Function chairperson provided written notice of hearing   **T   F   NA**
    within 5 calendar days. (7.25.)

    b. The hearing notification contained date, time and location of hearing.   **T   F   NA**
    (7.25.1.)

    c. The time of hearing was no sooner than 30 calendar days from date of   **T   F   NA**
    notification. (7.25.1.)

    d. The hearing notification contained all other information as required by   **T   F   NA**
    AFI 44-119, Para 7.25.

23. Hearing delay worksheet:

Date provider requested hearing delay: _____

Date credentials chairperson notified provider of decision: _____

Date provider acknowledged receipt: _____

    a. The Credentials Function chairperson evaluated the request and determined whether or not to grant a delay. (7.25.6.)　**T　F　NA**

    b. Upon decision, the Credentials Function chairperson promptly notified the provider of his/her decision in writing, including new date, if granted. (7.25.6.)　**T　F　NA**

24. The provider failed to show for the hearing or waived, in writing, hearing rights. (7.24.1.)　**T　F　NA**

25. If the provider failed to show for the hearing or waived, in writing, hearing right, the MDG/CC acted on the provider's privileges. (7.24.1.)　**T　F　NA**

26. If MDG/CC's action was to deny, reduce, restrict or revoke privileges, MDG/CC communicated action in writing to the provider and gave notice of the provider's right to appeal to AFMOA/CC through AFMOA/SGOC. (7.24.1.)　**T　F　NA**

27. The Credentials Function chairperson appointed a hearing committee. (7.26.)　**T　F　NA**

28. The hearing committee included the correct mix of provider types in accordance with the discipline of the provider in question. (7.26.)　**T　F　NA**

29. The hearing committee *did not include* persons listed. (7.21.; 7.27.)　**T　F　NA**

30. The JA appointed a legal advisor to present evidence for the MTF. (7.26.2.)　**T　F　NA**

31. The actual hearing proceedings complied with AFI 44-119. (7.28. – 7.30)　**T　F　NA**

32. A verbatim recording existed of the hearing proceedings. (7.30.1.)　**T　F　NA**

33. Hearing committee recommendations were limited to those set out in AFI 44-119. (7.22.)　**T　F　NA**

34. Hearing worksheet:

Date of hearing: _____

Date hearing record with recommendations available to MDG/CC: _____

Date copy of record (if requested) sent to provider: _____

Date provider submitted statement of exceptions/corrections: _____

Date MDG/CC made decision on provider's privileges: _____

Number of calendar days between MDG/CC receiving record and MDG/CC decision: ____

Date MDG/CC made written notification of decision to provider: _____

No. of calendar days between MDG/CC decision and provider notification: ____

Date provider sent appeal of final privileging action: _____

Date provider requested continuation of privileges review: _____

Date provider ended affiliation with Air Force: _____

Number of calendar days between provider separation and request to continue review: ____

   a. The hearing record was available within 30 days of the hearing. (7.32.)   **T F NA**

   b. A copy of the record (if requested) was sent to the provider. (7.32.2 and Atch 17)   **T F NA**

   c. The provider submitted a statement of exceptions within 10 calendar days. (7.33.) (extendable by MDG/CC for good cause)   **T F NA**

   d. The MDG/CC made a privileges decision within 10 calendar days of receiving the record and recommendations of the hearing committee. (7.34.)   **T F NA**

   e. The MDG/CC provided written notification of the final decision including the final action and the reasons for the action. (7.34.1.)   **T F NA**

   f. The MDG/CC provided written notification, including right to appeal the final decision to AFMOA/CC through AFMOA/SGOC. (7.34.1)   **T F NA**

   g. The provider appealed the final privileging action within 10 calendar days. (7.36.)   **T F NA**

   h. During appeal, the MDG/CC's privileging decision was in effect. (7.36.)   **T F NA**

   i. The provider, if ending AF affiliation during the review process, submitted written request for continuation of privileges review within 5 calendar days of his or her change in status. (7.39.)   **T F NA**

35. The MDG/CC sent a copy of all documentation related to the case, including DD Form 2499, to HQ MAJCOM/SG. (7.35. and Atch 20)   **T F NA**

TEAM CHIEF PROTOCOL 8

Professional Development Conference

Purpose The purpose of this conference is to assess effectiveness of communication with junior personnel (active duty and civilian) regarding professional conduct and performance, mentoring and professional development.

Attendees
- Junior personnel (officers and civilians)
- Exclude flight or squadron commanders
- Maximum number of attendees – 20
- HSI team chief or other inspectors at the team chief's discretion

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Special Requirements A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda An interactive discussion will occur centered on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	LD.3.3.1 Squadron Leadership • Evaluate the extent to which junior personnel have been apprised of Air Force Medical Service (AFMS) values, expectations and standards of behavior • Assess the program/plan for orientation of company grade officers • Evaluate the corps-specific mentoring programs/officer professional development counseling • Assess company grade officer knowledge and satisfaction with orientation process, mentoring and career development counseling

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Inspector Contact For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty team chief.

ADMINISTRATOR PROTOCOL 1

Logistics Customer Interview

Purpose	To assess the efficiency, effectiveness and level of customer satisfaction with medical logistics activities.

Medical Unit Attendees	Four account custodians (2 large and 2 small accounts)

Special Requirements	A room large enough to accommodate personnel attending the interview. The logistics inspector may request a Special Stock Status report, backorder reports or other documentation to focus the interview.

Description of Activities and Conference Agenda	An interactive discussion will occur focusing on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	LD.3.2.1 Materiel Issue • Assess training in custodial responsibilities, such as reading backorder reports, custody receipt/locator listings, knowledge of quality assurance actions such as recalls, etc. • Assess how knowledge of purchasing options (IMPAC, BPAs, etc.) is used to support the unit's mission • Assess the effectiveness of support for special section requirements such as drop-shipments for lab, equipment maintenance (contract and in-house) • Assess customer satisfaction with Forward Logistics processes • Assess customer knowledge of DMLSS

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 2

Professional Services Contracts/BPAs Interview

Purpose	To assess the effectiveness of oversight for contracted professional services.

Medical Unit Attendees	• Medical logistics contracts POC • FAC and QAEs, as applicable

Special Requirements	A room large enough to accommodate personnel attending the interview. Contract monitors and QAEs should have their contract files available, along with proof of training.

Description of Activities and Conference Agenda	An interactive discussion will occur focusing on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	LD.3.2.7 Professional Services Contracts/Blanket Purchase Agreement (BPA) Oversight • Assess staff knowledge of professional contracts processes (Performance Work Statement development) and coordination issues • Assess how personnel evaluate adequacy of services and report significant contractor performance deficiencies (if applicable) • Evaluate how quality control and quality assurance actions are applied • Assess how issues on contractor performance are monitored by the FAC and senior leadership

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 3

Financial Management and Patient Support Interview

Purpose
To assess the following:
- Budget preparation and financial management
- Third-Party Collections (TPC)
- Medical Affirmative Claims (MAC)
- Health records management

Medical Unit Attendees
- RMO/budget analyst
- Two cost center managers
- TPC clerk
- MAC clerk
- Health records NCOIC and/or group practice manager

Special Requirements
An office large enough to accommodate personnel attending. OPRs may be interviewed separately.

Description of Activities and Conference Agenda
An interactive discussion will occur focusing on the topics identified below. Estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
90 min	LD.3.2.2 Financial Management LD.3.2.6 Medical Service Account/Third-Party Liability/Third Party Collections IG.2.5.3 Health Records Availability and Management Inspector will discuss with attendees the programs listed above. The health records interview will take place in the records section(s).

Inspector Contact
For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 4

Self-Inspection Interview

Purpose
To assess self-inspection program management and to identify executive management support/oversight.

Medical Unit Attendees
The following personnel should participate in this conference:
- Unit self-inspection monitor
- Others at the discretion of the unit

Special Requirements
A room large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda
An interactive discussion will occur focusing on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	LD.3.1.6 Self-Inspection Program • Describe the system used to monitor and track discrepancies/ open items • Describe the process used to determine what constitutes a self-inspection "open item" • Describe the methodology used for development of local self-inspection checklists • Describe executive committee involvement in/oversight of the self-inspection program

Inspector Contact
For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 5

Data Quality Interview

Purpose	To assess data quality processes.

Medical Unit Attendees	- Product line manager - Data analyst(s) - RMO/MEPRS technician - Others at the discretion of the unit

Special Requirements	A conference room large enough to accommodate personnel attending. OPRs may be interviewed separately.

Description of Activities and Conference Agenda	An interactive discussion will occur focusing on the topics identified below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	LD.3.2.5 Data Quality Inspector will query attendees on the programs listed above. - Assess how knowledge of data quality is used to support the unit's mission - Assess the effectiveness of corrective action plans - Assess compliance with periodic data quality reporting mechanisms - Assess executive management oversight

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 6

Beneficiary Support/Access Management Interview

Purpose

To review and assess the MTF's beneficiary support/TRICARE and access management functions. Topics may include but are not limited to:

- Leadership/management of the beneficiary support/TRICARE flight
- Access management
- Referral management for both internal and external specialty services
- Member and provider services
- Marketing of internal and external services
- Beneficiary support flight involvement in managed care activities of the organization and region

Medical Unit Attendees

Representatives of beneficiary support/TRICARE staff, including utilization management personnel, COTR, and other staff as deemed necessary. Group Practice Manager and other staff involved with managing access to care.
Note: The entire managed care staff does not need to be present.

Special Requirements

Conference room large enough to accommodate personnel attending.

Description of Activities and Conference Agenda

An interactive discussion focused on beneficiary support/TRICARE functions and access management.

Time	Topic
90min	LD.3.2.3 Management of Access to Care LD.3.2.8 TRICARE Management Inspector will query attendees on the programs listed above.

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 7

Medical Readiness Program Management Interview

Purpose

1. Medical Readiness Program Management: To assess executive oversight of and involvement in, and the medical readiness staff's management of, medical readiness programs and requirements.

2. Installation/Joint Support Operations: To assess the organization's medical readiness contingency planning processes, planning documents, execution of planning guidance, exercise development, and how exercises are incorporated into the medical readiness program.

3. Medical Readiness Training (MRT): To assess the organization's medical readiness training processes. Major processes include those contained in Status of Resources and Training System (SORTS) reports and other AF required status reports, AFSC-specific training, mission specific training and other training/education programs related to contingency response operations.

Medical Unit Attendees

- Medical Readiness staff
- Education & training personnel (if needed)
- Team chief of the medical Exercise Evaluation Team (EET)
- Self-Aid and Buddy Care advisor
- Other staff members, as determined by the inspector

Note: Interviews with other organization personnel will be based upon document review and interview results.

Special Requirements

A room large enough to accommodate personnel attending the conference. Meeting room setting with seating for all participants. Please select a site that will minimize any disruption to daily operations.

Description of Activities and Conference Agenda

An interactive discussion will occur focusing on the topics described below. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary and some will overlap.

Time	Topic
5 min	Introductions and preliminary comments
15 min	LD.3.1.2 Medical Readiness Staff Function (MRSF) • What process is used to prepare, present and gain MRSF approval of the annual training plan and exercise schedule • How does the MRSF review readiness plans • What process is used to discuss/track/resolve readiness issues
15 min	EX.1.1.5 Status of Resources and Training System (SORTS)/Aerospace Expeditionary Forces Reporting Tool (ART) • Demonstrate how the SORTS report is accomplished • Describe how the commander reviews the SORTS report
15 min	EX.1.1.2 Program Oversight – Medical Readiness Officer (MRO), Noncommissioned Officer (MRNCO), Manager (MRM) • Did the MRO/MRNCO/MRM attend the medical readiness planner's course • How are the MCRP and medical annexes to other plans accomplished • How was the annual training plan and exercise schedule developed
15 min	EX.1.1.3 Management of Medical Readiness Plans • Describe the process for coordination with agencies tasked by the plan • Discuss how the plan was coordinated internally • Demonstrate MAJCOM approval of the plan
45 min	EX.1.4.1 Exercise Requirements, Development and Evaluation • What rationale was used to develop exercise scenarios • What exercises have been accomplished in the past 2 years • What types of EET members are used to evaluate exercise scenarios • What is the interaction with the wing in developing scenarios • Were previous discrepancies incorporated into future scenarios to ensure resolution • Who attended post-exercise or incident critiques • Were post-exercise or incident summaries accomplished in the format prescribed by AFI 41-106 • How were discrepancies tracked

Time	Topic
15 min	EX.1.4.4 Self-Aid and Buddy Care (SABC) Program • Describe frequency and content of SABC instructor training courses • How are unit SABC programs evaluated to meet the annual requirement • How are unit SABC programs evaluated for adequacy • Are instructor certification letters given to commanders
30 min	EX.1.2.4 Pre-Deployment Preparation Requirements – Medical Personnel • How are personnel assigned to mobility positions • How are personnel notified that they are being assigned to a mobility position • What items are maintained in the mobility folders • How does the commander ensure mobility personnel are prepared to deploy • Do mobility personnel know what UTC they support
15 min	EX.1.4.5 Measurable Training Requirements • How are SORTS reportable training requirements accomplished, documented and tracked for currency • How are personnel trained when scheduled training is missed
15 min	EX.1.4.5 Measurable Training Requirements • How is it determined which personnel require deployment-specific and specialty training
15 min	EX.1.4.5 Measurable Training Requirements • Describe how personnel that could deploy to support a unit's tasking receive "hands-on" training • How are the results of the training evaluated for potential improvement • For units that have a wartime personnel package but not the WRM materiel assemblage, what attempts have been made to gain experience with the equipment
10 min	EX.1.4.3 Peacetime Disaster Team Training • How did the unit determine which disaster teams were required to support the peacetime mission • How was team composition determined • What are the team chief's responsibilities in training their respective team • How are lesson plans developed for team training and kept current • How and when is team training conducted, tracked and reported • How is make-up training conducted and tracked for personnel that miss scheduled training

Time	Topic
10 min	EX.1.4.6 Air Force Specialty Code (AFSC) Specific Training
	• How does the unit determine what AFSC specific training needs to take place
	• How is AFSC specific training melded into the annual training plan
	• How is AFSC specific training tracked and documented

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

ADMINISTRATOR PROTOCOL 8

War Reserve Materiel (WRM) Interview/Tour

Purpose	To assess the condition and maintenance of medical WRM and the accuracy of stock status reports.

Medical Unit Attendees	• Logistics officer and/or superintendent • WRM NCO • Readiness officer or NCO • Other staff at the unit's discretion

Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement. Normally the interview should take place in an area where the WRM is stored and will incorporate a tour of the storage area(s).

Description of Activities and Conference Agenda	An interactive discussion will occur focusing on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. The amount of time spent during the interview may vary based on the WRM assigned to the unit.

Time	Topic
5 min	Introductions and preliminary comments
90 min	EX.1.1.1 War Reserve Materiel (WRM) Program Management • How were appropriate levels maintained • How was accuracy of the inventory ensured • Describe how the WRM stock status report was managed • Is there a formal plan for items coded for deferred procurement • How was quality assurance accomplished • How were dated items managed to avoid expiration • What inspections of warehouse/storage areas were done • How was WRM stored/protected • How was WRM equipment maintained

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty readiness inspector.

BIOENVIRONMENTAL ENGINEERING PROTOCOL 1

Bioenvironmental Engineering Occupational Health Interviews

Purpose	To assess the effectiveness of industrial hygiene programs and bioenvironmental engineering leadership/management.

Medical Unit Attendees	The following personnel should participate in this conference: • Bioenvironmental Engineering (BE) staff familiar with the industrial hygiene program. • All BE personnel are encouraged to actively participate in discussions.

Special Requirements	A room within the functional area that is large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either "in the round" or in a U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda	An interactive discussion about the elements EX.1.6.1 – EX.1.6.8 will occur. There will be an open discussion focusing on the results of pre-inspection and on-site document reviews, management of industrial hygiene programs, key processes and procedures and OSHA compliance issues. Emphasis will be placed on both positive and negative repetitive findings and trends, versus isolated occurrences. Any information showing other medical group actions in support of an element scored by the inspector should be presented to the inspector during the discussion of that element for consideration in determining the element score. On the second day of the inspection, the BE inspector will visit an industrial workplace. During the first day of the inspection, the BE inspector will determine the workplace to be visited. The purpose of this is to compare workplace hazard documentation to actual conditions. This is NOT an inspection of the workplace, but simply a verification of bioenvironmental engineering evaluations. During the interviews, the inspector will provide feedback, highlighting those program aspects that are particularly well done or those requiring more attention.

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

BIOENVIRONMENTAL ENGINEERING PROTOCOL 2

Bioenvironmental Engineering Readiness and Quantitative Fit Training (QNFT) Conference

Purpose
To assess the effectiveness of readiness programs for which BE is responsible or plays a major role.

Medical Unit Attendees
The following personnel should participate in this conference.
- BE staff familiar with readiness issues
- Nuclear, biological and chemical (NBC) medical defense officer and/or NCO
- Civil engineer readiness flight (CEX) personnel participating in the quantitative fit training (QNFT) program and joint BE/CEX training (first 20 minutes only)

Special Requirements
A room within the functional area large enough to accommodate personnel attending the conference.

Special Document Requirements
Please have the following information present in the conference room:
- Documentation of joint BE/CEX training
- Documentation of BE annual HAZMAT training
- Percentage of personnel requiring QNFT who have completed the training
- Water vulnerability studies
- Installation NBC detection plan
- Documentation of operational testing of chemical agent monitors owned by the medical unit
- BE checklists for contingencies and emergency response

Description of Activities and Conference Agenda
An interactive discussion about elements EX.1.1.4 and EX.1.2.3 will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. During the interviews, the inspector will provide feedback, highlighting those program aspects that are particularly well done or those requiring more attention.

Time	Topic
5 min	Introductions and preliminary comments
55 min	EX.1.1.4 Bioenvironmental Engineering Readiness EX.1.2.3 Quantitative Fit Testing (QNFT) Program • QNFT program elements • Joint BE/CEX training • BE contingency and disaster response activities • Nuclear, biological and chemical (NBC) surveillance and training • Actions taken by the NBC medical defense officer and/or NCO

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

BEHAVIORAL HEALTH PROTOCOL 1

Substance Abuse and Demand Reduction/Life Skills/Family Advocacy Conferences

Purpose	To assess the effectiveness of the Life Skills Support Center's management, readiness, CISM and treatment programs; the family advocacy programs; and the substance abuse and demand reduction programs. Three separate conferences will be held: 1) Substance abuse/demand reduction; 2) life skills; and 3) family advocacy.
Medical Unit Attendees	Personnel assigned to each functional area (e.g., only family advocacy personnel attend the family advocacy conference)
Special Requirements	Space with seating to accommodate personnel attending the conference. Consider program documentation availability and disruption to daily operations.
Description of Activities and Conference Agenda	For each functional area, the inspector will tour the work area and assess environmental factors such as suitability of offices for the work conducted, safety of patients and staff and barriers to access. The inspector will lead a discussion on how programs are accomplished. Specific cases may be discussed and charts reviewed. The inspector is available to meet with staff individually as needed. Additional documents may be requested to support/clarify inspection findings.

Time	Topic
	Day One Conferences
90 min	JCAHO Survey of Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program conducted by HSI Inspector (JCAHO Comprehensive Accreditation Manual for Behavioral Health Care or JCAHO Comprehensive Accreditation Manual for Hospitals)
60 min	IG.2.3.2 Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program: (AFI 44-121, sections 1D, 3D, 3E, 3F) • Discuss processes and oversight • Discuss administrative issues • Using case files, discuss treatment processes • Discuss treatment team meetings
60 min	IG.2.4.6 Demand Reduction Program – Drug Testing (DDRP; AFI 44-120; AFI 44-159) • Describe interaction with base agencies (44-159, section 2.6.3; 44-120, para 4.7.4) • Describe drug testing program (44-159) • Discuss procedures used to reduce untestables (44-120, para 4.7.4.11)
60 min	IG.2.3.1 Life Skills Support Center (LSSC) Leadership: Safety, Risk Management, Confidentiality, Military Law and Commander Directed Evaluations (CDE) • Discuss procedures for conducting the CDE (DoDD 6490.1; DoDI 6490.4; AFI 44-109)
30 min	• Discuss and demonstrate patient and staff safety plan (AFI 41-201, para 4.1.2.6; AFI 31-201, para 12.4.3.10; AFI 31-101, para 19.2.2; MDGI)
30 min	EX.1.3.5 Critical Incident Stress Management (AFI 44-153) • Describe training ➢ Discuss pre-exposure preparation training for responders • Review exercises/"real world" events; after-action reports
	Day Two Conferences
30 min	IG.2.3.3 Family Advocacy Oversight Discuss wing oversight, installation directives and MOUs (FAP Standard A-1, A-4) • Discuss training of FAC, CSMRT and HRVRT (FAP Standards A-6, A-7, M-2, M-3) • If the FAC has been replaced by another committee, discuss how this alternative committee fulfills the intent of AFI 40-301 • Discuss patient/staff safety IAW FAP Standard A-10
60 min	IG.2.3.4 Family Maltreatment Case Management Team (FMCMT; FAP Standards A-7, M-1) • Describe case review procedures

Time	Topic
60 min	IG.2.3.5 Assessment and Care of Family Maltreatment Clients • Discuss assessment process (FAP Stds M-11, M-12, M-13) • Discuss treatment process (FAP Standards M-16, M-17, M-18) • Describe the referral process to other agencies both on and off base (FAP Standards M-6, M-7)
30 min	IG.2.4.7 Special Needs Identification and Assignment Coordination Process [Exceptional Family Member Program (EFMP)] • Discuss special needs identification (1998 FAP Standard E-1) • Describe the family member relocation clearance process (1998 FAP Standards E-3, E-4, E-5)
30 min	IG.2.3.6 New Parent Support Program • Describe services provided to high-needs families (FAP Standard P-10)

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty life skills support inspector.

BEHAVIORAL HEALTH PROTOCOL 2

Community Prevention: Suicide and Violence Awareness and Education; Life Skills Support; Family Advocacy; Alcohol and Drug Abuse Prevention and Treatment; and Drug Demand Reduction

Purpose	To determine the involvement of the Life Skills Support Center (LSSC) in community prevention activities.
Medical Unit Attendees	• All persons involved in the LSSC's community prevention activities • Integrated Delivery System and Community Action Information Board (IDS/CAIB) members are invited to attend
Special Requirements	Space with seating to accommodate personnel attending the conference. Consider program documentation availability and disruption to daily operations.
Description of Activities and Conference Agenda	The inspector will lead a discussion on program accomplishment, to include a review of metrics. The inspector is available to meet with staff individually as needed. Documents may be requested to support/clarify inspection findings.

Time	Topic
60 min	IG.2.4.3 Life Skills Support Center and Community Prevention (Suicide and Violence Awareness and Education; LSSC; Family Advocacy; ADAPT; and DDRP) (AFI 44-154; AFI 44-159, para 2.6.3.2; FAP Standards P-2, P-9, P-11, P-12; AFI 44-121, section 3B; AFI 99-501) • Describe the planning/execution of prevention activities • Discuss how the IDS builds the community action plan (CAP) • What determines CAIB agenda items? • Describe strength-based therapy services

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty life skills support inspector.

BEHAVIORAL HEALTH PROTOCOL 3

Educational & Developmental Intervention Services (EDIS) Conference

Purpose

To assess general and specific leadership, management, and operational requirements, to evaluate services offered to EDIS clientele and to review documentation.

Medical Unit Attendees

The following personnel should participate in this conference:
- EDIS Director
- EDIS Staff Members
- Other personnel are welcome to attend as time, space and duties allow

Supported Base Agency Personnel

The following personnel are requested to participate in Supported Base Agency conferences:
- Child Development Center (CDC) Director
- Department of Defense Dependent Schools (DoDDS/OCONUS)
- Domestic Dependents Elementary / Secondary Schools (DDESS/CONUS)
- EDIS Director and/or staff members
- Other personnel are welcome to attend as time, space and duties allow.

Special Requirements

A room large enough to accommodate personnel attending the conferences. Chairs should be arranged so they are either "in the round" or in a U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda

This protocol supports elements SM.4.2.1 – SM.4.2.6. An interactive discussion about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
25 min	The inspector will tour EDIS operations. Areas to visit include: • Medical Treatment Facility (MTF)/EDIS facilities (CONUS/ OCONUS) • Occupational Therapy, Physical Therapy, Audiology, Speech Therapy, Assistive Technology Services, patient care areas/conferences/classrooms (OCONUS) • Data Support Specialist offices

Time	Topic
60 min	EDIS Educational Support in the MTF: • Be prepared to discuss how the MTF supports the educational requirements of clients/families • Discuss on-going training and education programs for EDIS personnel • Describe the process for contracted/referral services, patient satisfaction reports, and patient evaluation and summary reports • Describe the Early Intervention Services (EIS) training that families receive to intervene with their child(ren)'s developmental disabilities or conditions • Provide information about data collection activities, self-monitoring/self-studies, use of transportation to ensure access to services, and EDIS providers' certification/credentialing • Provide information about the Child Development Center (CDC), Domestic Dependents Elementary and Secondary Schools, Department of Defense Dependent Schools, Special Education, (e.g., entry, transition, types of services, and transfer upon sponsor reassignment) • Describe EDIS Director's oversight of EDIS activities fulfilling Individualized Education Plans (IEP) or Individualized Family Service Plan (IFSP) requirements
25 min	The DoDDS Superintendent/Case Study Committee Chairpersons are requested to meet with the inspector and EDIS Director/staff member in their respective facilities • Explain the process which determined when EIS (CONUS) or EIS and Medically Related Services (MRS) (OCONUS) were required in the clients' educational activities • Explain the eligibility process • Tell about the transition of EIS patients from the CDC to DoDDS or DDESS activities
25 min	The CDC Director is requested to meet with the inspector and EDIS Director/staff member in their respective facilities • Tell about the transition of EIS patients from the CDC to DoDDS or DDESS activities • Explain the eligibility process • Illustrate the working relationships between EDIS and CDC clients/families regarding assessments, evaluations, service plans, and procedural safeguards
45 min	Families and clients participating in EIS are requested to meet with the inspector and EDIS Director/staff member during a home services visitation • Explain the training received from medical personnel to provide home activities to the child(ren)

Time	Topic

	• Discuss the parent's participation in the following:
	  ➢ Planning for the EIS assessment/evaluation
	  ➢ The IDEA eligibility process
	  ➢ The IFSP and procedural safeguards (CONUS/OCONUS)
	• Tell about the transition of the child(ren) receiving EIS into the CDC, DoDDS or DDESS activities
	• Discuss procedural safeguards and due process

45 min	Families and clients participating in Medically Related Services (MRS/OCONUS) are requested to meet with the medical inspector. Two families will be seen separately, twenty minutes each: • Discuss the parent's participation in the following: assessment, evaluation and procedural safeguards • Tell about the transition of the child/children receiving MRS from the CDC to DoDDS • Discuss procedural safeguards and due process

Inspector Contact For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty life skills support inspector.

*EDIS sites: Medically Related Services and Early Intervention Services at Aviano AB, Lajes AB, RAF Alconbury/Upwood Clinic, RAF Lakenheath, Spangdahlem AB and Incirlik AB. Early Intervention Services at Robins AFB and Maxwell AFB.

DENTAL PROTOCOL 1

Preventive Dentistry Interview

Purpose	To assess preventive care services available in the Dental Clinic. These include dental health education, oral prophylaxis support, preventive dentistry for children and involvement with the facility's population health program. Specific areas to be addressed include: • How the patient population's oral health needs are assessed and met • Information presented to patients and the community • Services, as available, provided to children • Training and competency assessment of prophylaxis technicians • Dental involvement in population health programs
Attendees	Preventive Dentistry OIC/NCOIC
Special Requirements	Private room in the functional area with table and seating to accommodate personnel attending the interview.
Description of Activities and Conference Agenda	This protocol supports element IG.2.4.5. Open discussion concerning available preventive care services and incorporation of these activities into the facility's healthcare programs. Documentation of these activities should be available.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

DENTAL PROTOCOL 2

Base Dental Laboratory Tour/Interview

Purpose	To assess the capability of the Base Dental Laboratory to support needs of the dental staff by producing quality laboratory products in minimum time, ensuring upgrade competency training and gathering and assessing the accuracy of laboratory productivity data.
Attendees	Dental laboratory flight commander/chief and/or other individuals assigned duties pertaining to dental laboratory operations.
Special Requirements	Interview/tour will be held in the laboratory.
Description of Activities and Conference Agenda	This protocol supports element IG.2.2.6. The inspector will conduct a tour of the base dental laboratory to evaluate cleanliness, case flow and will interview the dental laboratory flight commander/chief to discuss security, inventory control, quality control, technician training and documentation.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

DENTAL PROTOCOL 3

Air Force Dental Readiness Assurance Program

Purpose

To assess the periodic dental examination program, access to dental care and appointment system effectiveness, dental readiness classification accuracy and management and use of combined examination/prophylaxis appointments. Assessment will include:

- Management of appointment system and appointment availability
- Administration of the periodic dental examination program
- Management of the combined examination/prophylaxis program
- Accuracy of dental readiness classifications
- Base participation rates for periodic examinations
- Management of dental class 3 and 4 patients
- Management of dental clearance procedures

Attendees

Dental squadron commander (optional), clinical dentistry and dental support flight commanders/chiefs, NCOIC of dental records and reception, periodic dental examination monitor and dental class 3 and 4 monitor(s).

Special Requirements

Open discussion will be conducted in a conference room. The appointment system/availability portion of the interview may follow in the dental reception area.

Description of Activities and Conference Agenda

This protocol supports elements IG.2.2.1, EX.1.3.1 and IG.2.2.5. This interview is designed to review the appointment system, patient intake process, examination/prophylaxis program and dental classification rates with program managers. Open discussion and review of programs with program managers will occur. Training programs may be discussed. Hands on review of procedures will be in specific work areas.

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

DENTAL PROTOCOL 4

Delivery of Care/Support Services Conference

Purpose To assess parameters of care, the quality of care/services delivered (including emergent and non-emergent protocols), management of the Continuous Performance Assessment and Improvement (CPA&I) program and utilization of Dental Investigative Service products and services. Support protocols, to include radiology and hypertension screening, will also be discussed.

Attendees Dental squadron commander, clinical dentistry flight commander, CPA&I monitor, other personnel as deemed appropriate by the dental commander.

Special Requirements Private conference room with a table and seating to accommodate personnel attending the interview.

Description of Activities and Conference Agenda This interview applies to elements IG.2.2.3, IG.2.2.7, IG.2.2.11, IG.2.2.4 and IG.2.2.2. The format is an open discussion and review of policies, protocols, processes and procedures designed to provide for and enhance the delivery of dental care/services.

Inspector Contact For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

DENTAL PROTOCOL 5

Dental Records Review Conference

Purpose   To assess dental record management, treatment documentation and placement of documents inside the record. Assessment includes, but is not limited to:

- Correct completion of forms
- Correct filing sequence of forms
- Records management, including security and maintenance of records and proper release of information

Attendees   Records review function personnel

Special Requirements   Conference room with table and seating to accommodate personnel attending the conference.

Description of Activities and Conference Agenda   This protocol supports elements IG.2.2.8 and IG.2.2.9. Dental squadron/flight members review selected records using the dental records review score sheet. Open discussion follows review.

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

DENTAL PROTOCOL 6

Dental Leadership/Management Conference

Purpose	To assess dental squadron/flight-specific areas of leadership, staff empowerment, integration of the medical unit's mission, vision, and goals into the organization, resource allocation, budgeting, profit analysis, support for ARC dental activities and staff development.
Attendees	Squadron commander, dental advisor, dental flight commanders/chiefs (if appropriate), and the dental manager/superintendent.
Special Requirements	Private conference room with a table and seating to accommodate personnel attending the interview.
Description of Activities and Conference Agenda	This protocol supports element IG.2.2.10. Open discussion and review of policies with executive management, including processes established by squadron and flight leadership to oversee, assess, guide, and utilize resources to accomplish the medical and dental service mission.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

DENTAL PROTOCOL 7

Area Dental Laboratory Tour/Interview

Purpose   To assess the capability of the Area Dental Laboratory to support needs of the organizations services by producing quality laboratory products in minimum time, insuring upgrade competency training and gathering and assessing the accuracy of laboratory productivity data.

Attendees   Dental laboratory flight commander/chief and/or other individuals assigned duties pertaining to dental laboratory operations.

Special Requirements   Interview/tour will be held in the laboratory.

Description of Activities and Conference Agenda   This protocol supports elements SM.4.1.1 and SM.4.1.2. The inspector will conduct a tour of the area dental laboratory to evaluate cleanliness, case flow and will interview the dental laboratory flight commander/chief to discuss security, inventory control, quality control, technician training and documentation.

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

FLIGHT SURGEON PROTOCOL 1

Flight Medicine, Mission Support, Duty Restrictions

Purpose
To evaluate major processes and products in which flight medicine is the primary stakeholder.

Medical Unit Attendees
The following personnel should participate in this conference. Please note, not everyone need be present the entire time, as detailed in the description of activities below.
- Chief, Flight Medicine; Chief, Aerospace Medicine
- Superintendent or NCOIC of Flight Medicine
- At least one junior flight surgeon and one junior aerospace medicine technician (preferably SME assets)
- NCOIC, Force Health Management
- Technician most responsible for aviator waiver program*
- Technician most responsible for the unit's medical evaluation board process*
- PCO Team representative*
- Optometry representative*

* These individuals may join the conference during the break interval.

Note: Other personnel (e.g., the squadron commander or other flight surgeons and technicians) are welcome to attend as space and duty considerations allow.

Special Document Requirements
Please have the following documents present in the conference room. Personnel should be familiar with these documents and be prepared to rapidly locate specific areas during the course of the conference.
- Copies of all flight medicine/Force Health Management operating instructions (include any MDG/MDS instructions for which the section is OPR, e.g., decompression sickness, flight line response, etc.), group/squadron/section policy memoranda and any other office guidance materials
- Documentation of FS briefings to medical staff, fliers (e.g., wing/squadron safety forums, deployments, instrument refresher course, etc.) and any other base or community briefings
- List of aviators on the contact lens program (database summary or other listing)
- Six months of the 4T roster (31/37/81)

Description of Activities and Conference Agenda

An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
30 min	EX.1.5.2 Management of Duty Restrictions for Flying and Special Operations Personnel • Consider all aspects of "grounding" management • Analyze a recent AF Form 1041 and exhibit any related metrics or lessons learned • Discuss processes by which the FSO ensures total awareness of all medical care provided to fliers and special ops personnel
15 min	EX.1.5.5 Flight Surgeon Operational Responsibilities • Discuss flight surgeon non-clinical activities, including those within the medical group and those conducted at line squadrons. • Discuss flight surgeon support and visits to operational support facilities (life support, control tower) • Discuss flight surgeon participation in flying squadron activities (commander's call, squadron briefings, flying activities) • Discuss flight surgeon participation in occupational shop visits and support of the occupational medicine program
10 min	EX.1.5.3 Aircraft Mishap Response and Investigation • Describe aircraft mishap response taskings • Display the mishap investigation kit and discuss general response procedures/plans • Discuss ongoing training of all initial response personnel
10 min	Break – If not already present, Force Health Management representatives join the conference
15 min	EX.1.5.1 Flying/Special Operational Duty Physicals • Discuss the waiver process in general and review the waiver file • Discuss management of personnel overdue physical exams • Discuss the quality assurance program for review of completed examinations • Review findings from the records review
10 min	EX.1.5.4 Aviation Soft Contact Lens (SCL) Program • Present program statistics, number of fliers in program, follow-up status, etc. • Describe the joint oversight of the process by flight medicine and optometry

Time	Topic
	• Case presentation of any participant with a contact lens related complication • Review selected medical records regarding documentation
25 min	EX.1.3.2 Profiling, Duty Restrictions and Medical Evaluation Board (MEB) Management • Explain how mobility personnel are prospectively screened for medical suitability and how they are monitored for changes in an ongoing fashion • Provide evidence of training and feedback provided to the medical staff regarding the accuracy and appropriateness of profiling actions • Discuss profiling process and 4-T monitoring • Discuss the relationship of the 4-T profile system to the local MEB process • Provide data regarding the average completion time of MEB • Describe how tracking of in-lieu-of MEBs occurs

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty flight surgeon inspector.

FLIGHT SURGEON PROTOCOL 2

Operational Medicine Conference

Purpose	To assess the effectiveness and support of the medical group and, in particular, Team Aerospace to the operational mission of the wing.

Attendees	Not everyone needs to be present the entire time. The following personnel should participate in this conference to discuss specific issues outlined below: • Wing Safety Representative • Flying Squadron Commander or Operations Officer • Aircrew (pilot, navigator, engineer, loadmaster) • Air Traffic Control CC or supervisor • Crew Chief • Maintenance Officer • Ground Safety Representative

Special Requirements	A room large enough to accommodate personnel attending the conference and located in a flying squadron. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement.

Tour	Arrange a tour of the flightline and a Category I industrial shop.

Description of Activities and Conference Agenda	An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
30 min	EX.1.5.5 Flight Surgeon Operational Responsibilities • Discuss flight surgeon support and visits to operational support facilities (life support, control tower) • Discuss flight surgeon participation in flying squadron activities (commander's call, squadron briefings, flying activities) • Discuss flight surgeon participation in occupational shop visits and support of the occupational medicine program • Discuss medical group support to the operational mission

Time	Topic
	EX.1.5.3 Aircraft Mishap Response and Investigation • Discuss the aircraft mishap response process • Discuss flying safety issues
	EX.1.3.3 Preventive Health Assessment (PHA) and Individual Medical Readiness (PIMR) Program Management • Discuss issues concerning the PIMR process

Time	Topic
30 min	Flightline tour and Category I industrial shop visit

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty flight surgeon inspector.

FLIGHT SURGEON PROTOCOL 3

Occupational Health Conference

Purpose
To assess the effectiveness of the overall occupational health program and how the medical players interact.

Medical Unit Attendees
Please note, not everyone need be present the entire time, as detailed below. The following personnel should participate in this conference:
- All regular members of the Occupational Health Working Group or the equivalent function at your facility
- In addition, please have the following personnel (if they are not already part of the OHWG) arrive at the indicated times:
  - Occupational nurse educator, present at the start of the conference
  - Force Health Management technician familiar with pregnancy profile processing, OB and/or family practice clinic representatives (one technician and one physician or nurse practitioner), join the conference at the second break period
  - Audiologist, join the conference at the second break
  - For those units with a dedicated occupational medicine service (OMS), please have at least four representatives (physician, nurse, technician) present for the entire conference
  - Primary care managers performing occupational exams

Special Requirements
A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement.

Special Document Requirements
Please have a prioritized listing of the industrial shops at your installation.

Public Health Record Review
Following notification of the inspection, public health personnel will review medical records and logs using the criteria in the hearing conservation case tracking and reproductive health and fetal protection data collection sheets attached to this protocol. Please complete these tables and place them in a folder according to the project officer's guide.

Description of Activities and Conference Agenda

An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
15 min	EX.1.6.1 Bioenvironmental Engineering Occupational Health Management • Discuss the basic scope of the occupational health program at your installation (# of shops, # of annual audiogram only exams, # of "special purpose" exams, # of exam slots, personnel resources, etc.) • Be prepared to discuss the currency of workplace surveys with respect to the established schedule • Discuss the rationale for the format and the content of workplace surveillance information provided to the occupational health working group (e.g., AF Forms 2755 and industrial hygiene survey letters) • Tell how you ensure BE survey findings are briefed to workers

25 min	IG.2.1.8 Occupational Health Education Activities
	• Provide details regarding follow-up shop visits
	• Discuss:
	  ➢ How shop education requirements are established and documented
	  ➢ How education requirements are communicated to supervisors
	  ➢ The method used to provide supervisors with technical assistance concerning training
	  ➢ Education efforts regarding ergonomics
	  ➢ Education provided to workplaces where OSHA substance-specific standards apply (e.g., lead, asbestos, formaldehyde, methylene chloride, benzene, cadmium, ethylene oxide)
	  ➢ In-depth medical unit involvement in the HAZCOM and hazardous noise education program
	  ➢ How training effectiveness is evaluated

10 min	Break
20 min	IG.2.1.1 Occupational Health Medical Examination Administration • As an example of how your oversight group evaluates occupational health needs, be prepared to discuss how the AF Form 2766 for the identified shop was completed, from start to finish. How were hazards identified/quantified? What was the

Time	Topic
	decision making process which resulted in the chosen medical surveillance? Be able to justify your decisions (e.g., why a specific test was considered both necessary and appropriate) • Explain the process by which your team ensures consistent medical surveillance for workers with similar exposures. How are workers who work in multiple areas handled? • Describe your shop visit program. How are shops prioritized to maximize visit effectiveness? Which personnel are involved in the shop visit program? • Be prepared to discuss how OHMEs are determined, scheduled, accomplished, tracked and analyzed • Be prepared to discuss how appropriate issues of the occupational health program are presented to organizational commanders, supervisors and workers

10 min	EX.1.6.9 Occupational Epidemiology
	• Be prepared to discuss how:
	  ➢ Data concerning occupational illnesses and injuries are collected and analyzed
	  ➢ Occupational illnesses and injuries are investigated
	  ➢ Occupational illness and injury data is reported to organizational commanders and supervisors
	  ➢ Occupational illnesses and injuries are reported to appropriate AF, federal and state authorities
	• Present one special investigation case (if available), e.g., a cluster of illnesses/injuries. The focus should be on how the team approached the problem. The summary should not be longer than five minutes.

10 min	EX.1.6.4 Respiratory Protection Program (RPP) • Describe the basic steps of the RPP • Discuss how medical clearance is obtained prior to fit-testing
10 min	Break -- audiologist and fetal health participants join conference

10 min	IG.2.1.3 Hearing Conservation Program—Clinical Aspects
	• Be prepared to discuss how:
	  ➢ HCDC patients are referred, evaluated and tracked
	  ➢ Work-ups performed by Tri-Service or civilian audiologists are reviewed and feedback given to the referral MTF
	  ➢ The hearing conservation program is managed at your installation
	  ➢ Occupational health audiometry data is submitted to the Hearing Conservation Data Registry
	  ➢ Occupational audiometry data is analyzed and, where appropriate, how this data is used to target education and prevention efforts to work areas with increased hearing loss

Time	Topic

10 min	IG.2.1.6 Reproductive Health/Fetal Protection
	• Be prepared to discuss how:
	  ➢ Male and female reproductive hazards are communicated to workers prior to pregnancy
	  ➢ Pregnant active duty and civilian workers are identified, referred, educated and appropriate duty restrictions recommended
	  ➢ A uniform standard of care is achieved for pregnant active duty and civilian workers (e.g., clinical practice guidelines, medical unit policy documents, professional staff education)

0 min	Conference splits -- flight surgeon inspector identifies flight medicine, primary care managers and Force Health Management personnel to remain; other inspectors return with medical unit staff to their functional areas
15 min	IG.2.1.2 Quality of Occupational Health Medical Examinations (OHME) and Follow-Up • Discuss how examinations are accomplished, accurate rosters obtained, workers notified and scheduled, etc. • Be prepared to present occupational health compliance rates for the past 12 months. Note: Be sure these are occupational health compliance rates as defined the following formula: OHME compliance rate = number of workers who had OHME within time period specified on the AF Form 2766/ number of workers requiring OHME. This data is available from ASIMS. • Be prepared to discuss how you report OHME compliance rates to organizational commanders • Review occupational medical record documentation standards • Be able to say how provider directed follow-up actions are monitored/accomplished

Inspector Contact For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty flight surgeon, public health or bioenvironmental engineering inspector.

Figure 2

Hearing Conservation Case Tracking			
RECORD I.D. (INITIALS/LAST 4)			
Date initial STS identified			
STS fitted/educated, hearing protection device attenuation issues addressed			
Employee notified of initial shift within 21 days			
15 hour F/U performed			
40 hour F/U performed			
Date PTS letter sent to supervisor			
Worker referred to HC(D)C			
HC(D)C evaluation on file			
Final FS consultant progress note			
HC(D)C recommendations followed			
Date case closed			
Average # days to conclusion, for all workers in the tracking log for the last 12-24 months, please show denominator			

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE

FLIGHT SURGEON PROTOCOL 4

Aerospace Physiology Training Unit (APTU) Conference and Tour

Purpose To assess general and specific APTU leadership/management and operational requirements, to evaluate services offered to all aircrew/special duty personnel and to review documentation.

Medical Unit Attendees The following personnel should participate in this conference:
- Chief of APTU
- Superintendent of APTU
- NCOICs and OICs of hyperbolic and hypobaric functions (as applicable)
- The local flight surgeon liaison
- Other personnel are welcome to attend as time, space and duties allow

Special Requirements A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
25 min	The inspector will tour APTU operations. Areas to visit include: • Student conference/classrooms • Hyperbaric and hypobaric chambers • Associated training areas (e.g., swing landing trainers, centrifuge, water survival pool, etc.)
60 min	EX.1.5.6 Aerospace Physiology Training Unit (APTU) Function • Be prepared to discuss how the PTU supports the line missions, especially human performance enhancement activities which transcend the routine refresher training courses • Discuss on-going training and education programs for PTU personnel • Describe the training PTU personnel receive to prepare them for dealing with chamber reactors and other emergency medical conditions • Provide information about special support programs provided by the PTU (e.g., High Altitude Airdrop Mission Support)

Time	Topic
	• Explain the process which determined when flight surgeon participation was required, as opposed to optional, in PTU activities • Describe flight surgeon oversight of PTU clinical activities • Tell about the participation of flight surgeons in PTU activities • Illustrate the working relationship between the PTU and flight surgeons regarding emergency dives and the evaluation/treatment of chamber reactors

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty flight surgeon inspector.

FLIGHT SURGEON PROTOCOL 5

Aeromedical Staging Facility (ASF) Conference

Purpose

To assess aeromedical staging facility processes.

Medical Unit Attendees

The following personnel should participate in this conference:
- ASF commander
- At least one ASF nurse
- A flight surgeon consultant
- Superintendents and/or NCOICs of the ASF
- An aeromedical evacuation clerk, if this individual is not collocated with the ASF

Special Requirements

A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda

An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
15 min	The inspector will briefly tour the functional area, including any special/treatment rooms
40 min	EX.1.5.7 Aeromedical Staging Facility (ASF) Function • Describe the process by which patients are evaluated and cleared prior to AE movement • Describe the process by which changes to orders, flight surgeon assessments, and enroute treatments are noted • Describe how remain overnight (RON) or inpatient admission is performed • Detail flight surgeon involvement throughout the aeromedical evacuation process

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty flight surgeon inspector.

FLIGHT SURGEON PROTOCOL 6

Management of Aeromedical Services Delivery

Purpose

To assess the senior section manager's approach to setting strategic direction, planning and resource management (staffing, training, equipment, etc.) as well as to ensure the section manager acted for the wing/group commander on the health of personnel and on health protection requirements and measures.

Medical Unit Attendees

Medical facility members listed below should participate in this interview:
- AMDS/CC
- Chief, Aeromedical Services (SGP)
- Other aeromedical leadership as identified by AMDS/CC (section chief equivalent)

Special Requirements

A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda

Information to score this element is gathered from other interactions with Team Aerospace.

Time	
60 min	EX.1.5.8 Management of Aerospace Medicine Services Delivery
	- Assess the effectiveness of aeromedical leadership in: - Setting aeromedical policy for the medical facility and providing oversight for its implementation - Collaborating with the executive team in effective policy and decision making - Determining resource requirements and implementing the mission support plan - Assess aeromedical leadership's effectiveness in ensuring: - Aeromedical support was adequate to meet mission requirements and maintain health standards - Planning was appropriate and current - Personnel were trained and proficient in the performance of their assigned duties - The commander was advised on matters affecting health and welfare of personnel

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty flight surgeon inspector.

FLIGHT SURGEON PROTOCOL 7

Management of Clinical Services Delivery

Purpose To assess how the chief of the medical staff (SGH) is providing oversight of medical staff functions. The role of the SGH as the advocate for the professional staff at the executive staff level will also be assessed. In addition, the actions of the SGH to ensure delivery of quality health care will be evaluated.

Medical Unit Attendees
- Chief of Professional Services (SGH)
- Senior clinical leadership (e.g., chief of medical services, chief of surgical services, etc.)

Special Requirements A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda An interactive discussion will occur on the topics described below. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Minutes from the executive committee of the medical staff will be the primary source documents.

Time	Topic
5 min	Introductions and preliminary comments

40 min	IG.2.5.1 Professional Services Management
	• Assess the effectiveness of senior clinical leadership in:
	  ➢ Setting medical policy for the facility and providing oversight for its implementation
	  ➢ Collaborating with the executive team in effective policy and decision making
	  ➢ Determining resource requirements and implementing the mission support plan
	• Assess senior clinical leadership effectiveness in ensuring:
	  ➢ Medical support was adequate to meet mission requirements and maintain health standards
	  ➢ Planning was appropriate and current
	  ➢ Personnel were trained and proficient in the performance of their assigned duties
	  ➢ A method had been established to ensure career development activities and mentoring

Time	Topic
	➢ The commander was advised on matters affecting health and welfare of personnel ➢ Medical staff functions were performed and improvements made based upon metrics used to evaluate performance

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty physician inspector.

NURSE PROTOCOL 1

Population Health Conference

Purpose	To evaluate population health and primary care optimization (PCO) activities and the delivery of preventive services, including the Preventive Health Assessment and Individual Medical Readiness program.

Medical Unit Attendees	The personnel listed below should participate in this conference. Please limit total participants to 10-15. • Population Health Working Group Chairperson • Health promotion manager • One primary care manager and one flight surgeon, with support staff representatives • A representative from the women's health clinic and pediatrics • A group practice manager and health care integrator • TRICARE flight representative • Public Health representative • Life Skills Support Center representative • PIMR application manager

Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda	An interactive discussion will center on the topics described below. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
5 min	Introductions and preliminary comments
35 min	IG.2.4.1 Population Health Structure and Process (PHSP) • Explain how you develop a demographic assessment of all beneficiary populations, including lifestyle and disease patterns • Provide details about how you monitor performance, effectiveness and quality of prevention efforts • Describe how you forecast expected clinical demands and what strategies or tools are used in managing these demands

Time	Topic
	• Discuss available data on staff performance and the quality of prevention services at your medical unit • Describe ongoing training, education and performance feedback activities for all medical unit personnel • Present information regarding your efforts at marketing prevention to all beneficiary populations in the local community • Review the results of the open medical review
15 min	IG.2.4.2 Primary Care Optimization (PCO) Clinical Management • Describe the strategy to implement population health issues throughout the PCO teams and address the key processes • Illustrate the integration of preventive services into daily clinic activities • Describe your follow-up tracking program • Describe your process for collecting and documenting prevention in patients' medical records
5 min	LD.3.1.4 Executive Oversight of Health Care Delivery • Discuss the involvement of leadership in planning and supporting the PHSP
30 min	EX.1.3.3 Preventive Health Assessment (PHA) and Individual Medical Readiness (PIMR) Program Management Describe oversight of the unit's PHA process: • Detail ongoing training, education and performance feedback • Describe the training provided to the PCM support staff performing PHAs • Explain the support provided to geographically separated units • Describe how unit rosters are validated and individual appointments scheduled • Detail how interim health assessment survey tools (HEAR or PIMR form) are administered • Review the results of the PHA open medical record review • Explain how member notification occurs for results that are not available during the provider appointment • Analyze the installation's overall PIMR compliance rate • Describe line commander support of the PIMR program

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty nurse or flight surgeon inspector.

NURSE PROTOCOL 2

Customer Satisfaction/Patient Advocacy Program

Purpose

To evaluate integration of customer satisfaction and patient advocacy responsibilities throughout the MTF.

Attendees

MTF patient advocate, unit representatives and the Skunkworks facilitator. Maximum of 10 people.

Special Requirements

A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda

An interactive discussion will occur centering around the topics described below. Participants will be asked to describe their impression or experiences regarding each topic.

Time	Topic
45 min	LD.3.1.5 Customer Satisfaction/Patient Advocacy Program • Customer relations, courtesy and sensitivity effectiveness of communications with the medical unit staff, and patient advocate and customer service basics training. • Flow of customer concerns and feedback • Recognition programs associated with the customer service basic initiatives.

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

NURSE PROTOCOL 3

Health and Wellness Programs

Purpose   To assess the installation's Health Promotion Program effectiveness.

Medical Unit Attendees   Health Promotion Manager (HPM), HAWC staff and related program managers as deemed appropriate by the HPM. Highly encourage those staff who provide lifestyle modification classes to attend the interview (for example, the mental health personnel who provide stress management programs, fitness program Medical Liaison Officer (MLO), dietitians or diet techs who provide nutritional training)

Special Requirements   Room or office in the functional area with seating to accommodate personnel attending the interview. Consider program documentation availability and minimal disruption to daily operations. An appropriate location in the Health and Wellness Center (HAWC) should be considered, if available.

Description of Activities and Conference Agenda   This protocol supports elements IG.2.4.4, Health and Wellness Programs: Alcohol and Substance Abuse Prevention/Stress Management/Tobacco Use Cessation and Prevention/Nutrition Education/Cardiovascular Disease, Cancer & Other Preventive Efforts, and EX.1.3.4, Fitness Assessment and Total Fitness Enhancement. Open discussion concerning document review and interactive inspection of programs will take place, using pertinent evaluation criteria from the Health Services Inspection Guide. Consider developing a concise briefing describing at least the lifestyle modification program processes at the wing level. The inspector may request additional documents deemed necessary to support/clarify inspection findings at any point. Be prepared to discuss:

Time	Topic

15 min	• Health Status, Needs Assessment and Program Evaluation Functions
	  ➤ Present the results of last needs assessment and health risk appraisals
	  ➤ Demonstrate how these findings guided program development

20 min	• Responsibilities to the Health Promotion Program
	  ➤ Discuss HPWG activities
	  ➤ Discuss installation HPP programming, planning/budgeting
	  ➤ Break out budgeting information into medical and line funding

Time	Topic
	➢ Discuss staff training and development ➢ Demonstrate marketing efforts to encourage maximum installation HPP utilization ➢ Discuss HAWC facilities and staffing
15 min	• Alcohol and Substance Abuse Prevention ➢ Demonstrate alcohol and substance abuse programs offered ➢ Illustrate specific programs, briefings, etc. provided over the last 12 months in support of alcohol and substance abuse prevention programs ➢ Illustrate specific examples of how organizational units and commanders support alcohol and substance abuse prevention
15 min	• Stress Management ➢ Demonstrate what stress management programs are offered ➢ Illustrate specific programs, briefings, etc. provided over the last 12 months in support of stress management programs ➢ Illustrate specific examples of how organizational units and commanders support stress management
15 min	• Tobacco Use Cessation and Prevention ➢ Demonstrate what tobacco use cessation and prevention programs are offered ➢ Illustrate specific programs, briefings, etc. provided over the last 12 months in support of tobacco cessation programs. For example, the specific number of tobacco cessation classes offered over the last 12 months, the number of people attending these classes and success rates at 6 and 12 months ➢ Provide specific examples of how organizational units and commanders enforce policies on use of tobacco products
15 min	• Fitness Assessment and Total Fitness Enhancement ➢ Demonstrate fitness enhancement and aerobic programs offered ➢ Illustrate specific programs, briefings, etc. provided over the last 12 months in support of fitness enhancement programs. For example, the specific number of fitness enhancement and aerobic classes offered over the last 12 months and the number of people attending these classes ➢ Provide specific examples of how organizational units and commanders encourage fitness enhancement programs ➢ Demonstrate management of cycle ergometry and fitness improvement programs ➢ Provide specific examples of how organizational units and commanders worked closely with the FPM to ensure compliance with AF fitness standards

Time	Topic

15 min	• Nutrition Education
	  ➢ Demonstrate what nutrition education programs are offered
	  ➢ Illustrate specific programs, briefings, etc. provided over the last 12 months in support of nutrition education programs

10 min	• Cardiovascular Disease, Cancer and Other Prevention Efforts
	  ➢ Demonstrate what cardiovascular disease, cancer and other prevention programs are offered
	  ➢ Illustrate specific programs, briefings, etc. provided over the last 12 months in support of cardiovascular disease, cancer and other prevention programs

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

NURSE PROTOCOL 4

Functional Management – Oversight of Nursing Practice

Purpose
The purpose of this interview is to assess the chief nurse's approach to setting strategic direction, planning and resource management (staffing, training, equipment, etc.)

Medical Unit Attendees
- Chief nurse
- Senior nursing leadership representatives
- Superintendent
- Other staff members as selected by the chief nurse, not to exceed a total of 15 people

Special Requirements
A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda
An interactive discussion will occur on the topics described below. Specific questions, estimated times, and sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	IG.2.5.7 Oversight of Nursing Practice • Assess the effectiveness of senior nursing leadership in: ➢ Setting nursing policy for the medical facility and providing oversight for its implementation ➢ Collaborating with the executive team in effective policy and decision making ➢ Determining resource requirements and implementing the mission support plan • Assess senior nursing leadership's effectiveness in ensuring: ➢ Medical support was adequate to meet mission requirements and maintain health standards ➢ Planning was appropriate and current ➢ Personnel were trained and proficient in the performance of their assigned duties • A method had been established to ensure career development activities and mentoring

Inspector Contact
For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

NURSE PROTOCOL 5

Training Affiliation Agreements (TAA)

Purpose   To evaluate the coordination and approval of training affiliation agreements throughout the MTF.

Attendees
- Training affiliation agreement program manager(s)
- Group education and training manager

Special Requirements   A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda   An interactive discussion will occur centering around the topics described below. Participants will be asked to describe their impression or experiences regarding each topic.

Time	Topic
30 min	LD.3.3.6 Training Affiliation Agreements (TAA) • Review process of training affiliation agreements • Discussion of effectiveness and need for continued renewal by the executive staff • Discuss how staff are oriented/trained • Process for implementing new training affiliation agreements

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Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

PUBLIC HEALTH PROTOCOL 1

Food Safety and Sanitation

Purpose	To assess the effectiveness of the food safety and facility sanitation programs.

Medical Unit Attendees	Public Health (PH) personnel involved in conducting the food safety and facility sanitation programs.

Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement. The location should consider program documentation availability and minimal disruption to daily operations. Meeting at the commissary food inspection office is NOT a requirement.

Description of Activities and Conference Agenda	Open discussion concerning document review and interactive inspection of programs using pertinent evaluation criteria from the Health Services Inspection Guide. The inspector may request additional documents deemed necessary to support/clarify inspection findings at any point.

Record Review	Following notification of the inspection, public health personnel will review sanitation folders and immunization, childcare center or medical records using the criteria in the record review sheets attached to this protocol. Please complete these tables and place them in a folder labeled "Data Collection Tools." The folder should then be placed into the public health inspector's on-site documents box in the identified HSI work center (please see the project officer's guide for more information).

Elements Assessed	Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Be prepared to show and/or discuss:

Time	Topic
30 min	EX.1.7.1 Subsistence Inspection Activities • How you determine subsistence deliveries are from approved sources • Vendor quality histories • How operational rations are monitored • Training provided to commissary and other receiving personnel on delivery discrepancy screening • How ALFOODACTs are managed
25 min	EX.1.7.2 Food Facility Sanitation Evaluation and Foodhandler Training • Food handler training program, both initial and annual (who conducts, training plan approval, monitoring effectiveness) • Food service supervisors sanitation training (include who does training, how often conducted, topics covered, how do you ensure that all supervisors participate) • How food facility sanitation inspections are scheduled, conducted and how discrepancies are identified and followed • Foodborne illness investigation training and contingency planning (if appropriate, discuss any foodborne illnesses that have occurred in the last 12 months)
25 min	EX.1.7.3 Public Facility Surveillance • How public facility sanitation inspections are scheduled, conducted and how discrepancies are identified and followed • How you work with the CDC personnel and the CDC medical advisor to ensure public health and disease prevention standards are in place • How public health criteria are incorporated into public facility cleaning contracts

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Figure 3

Sanitation Inspection Review				
FACILITY NAME				
All phases of operation inspected				
Management's self-inspection program evaluated				
Food safety training effectiveness evaluated				
Inspector consistency				

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE

Figure 4

Childhood Immunization Currency Rates			
	# Children Enrolled	**% Current on all Vaccines**	**Sample Size**
Child Dev Center			
Home Daycare			
Column Total			

Figure 5

Overdue Vaccinations Tally Sheet						
	HepB	DTP	Hib	Polio	MMR	Varicella
Child Dev Center						
Home Daycare						
Total						

PUBLIC HEALTH PROTOCOL 2

Epidemiology, Communicable Disease Control and Community Health

Purpose   To assess the epidemiology, communicable disease control and community health program effectiveness.

Medical Unit Attendees   Public Health (PH) personnel and other medical unit staff who are active players in the assessed elements. Examples of typical attendees by assessed element include:

Element	Attendees
EX.1.7.4 Management of Animal Bites	PH, FS, SGH and/or other health care provider
EX.1.7.5 Medical Entomology	PH and other medical unit personnel who may be involved in these activities
EX.1.7.6 Prevention and Control of Sexually Transmitted Diseases	PH, FS, SGH and/or other health care providers
EX.1.7.7 Tuberculosis Detection and Control Program	PH and FS and other health care providers, as necessary
EX.1.7.8 Epidemiology and Control of Communicable Diseases	PH and other medical unit personnel who may be involved in these activities (e.g., selected members of the infection control committee and population health working group)

Special Requirements   A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement. The location should consider program documentation availability and minimal disruption to daily operations.

Medical Record Review   Following notification of the inspection, public health personnel will review medical records using the criteria in the record review sheet attached to this protocol. Please complete this table and place it in a folder labeled "Data Collection Tools." The folder should then be placed into the public health inspector's on-site documents box in the identified HSI work center (please see the project officer's guide for more information).

Description of Activities and Conference Agenda   Open discussion concerning document review and interactive inspection of programs using pertinent evaluation criteria from the Health Services Inspection Guide. The inspector may request additional documents deemed necessary to support/clarify inspection findings at any point.

Elements Assessed   Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Be prepared to discuss:

Time	Topic
15 min	EX.1.7.4 Management of Animal Bites • Animal bite case management including initial evaluation, treatment, referral, education and follow-up • How moderate or high risk rabies cases are determined and whether or not rabies prophylaxis is appropriate • How a uniform standard of care is achieved for managing animal bite cases (e.g., clinical practice guidelines, facility instructions, Pro Staff education)
15 min	EX.1.7.5 Medical Entomology • How international military quarantine (USDA/APHIS) inspections are conducted for your installation • The vector and medical pest surveillance program (planning, management, coordination with local health authorities and dissemination of vectorborne disease information to health care providers) • Cooperative efforts with pest management, DECA, AAFES and services personnel to ensure proper pest control

Figure 6

Animal Bite Record Review			
Record ID (initials/last 4)			
Wound cleaned and flushed			
Tetanus status documented			
Immunocompetence assessed and documented			
Animal quarantined or tested			
Rabies risk assessed			
RAB evaluated case appropriately			
RIG/vaccine Rx IAW guidelines			

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE
Provide dates where applicable

Elements Assessed

Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Be prepared to discuss:

Time	Topic
30 min	EX.1.7.6 Prevention and Control of Sexually Transmitted Diseases • STD patient management including initial evaluation, treatment, referral, education and follow-up • How STD cases are reported to appropriate authorities • How a uniform standard of care is achieved for STD patients (e.g., clinical practice guidelines, facility instructions, Pro Staff education)
30 min	EX.1.7.7 Tuberculosis Detection and Control Program • The management of IPPD positive or TB patients including initial evaluation, treatment, referral, education and follow-up • How IPPD positive or TB cases are reported to appropriate authorities • How a uniform standard of care is achieved for IPPD positive or TB patients (e.g., clinical practice guidelines, facility instructions, Pro Staff education)
20 min	EX.1.7.8 Epidemiology and Control of Communicable Diseases • How disease/injury incidence data is collected and tracked • How this epidemiological data is analyzed and shared with the medical unit commander, health care providers and base community

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Figure 7

Sexually Transmitted Disease Record Review					
Record ID Initials/Last 4					
Evaluated IAW CDC/AF Guidelines					
Date seen by HCP					
Initial lab work ordered by HCP (List all)					
Final (lab confirmed) Dx/Date					
Initial Dx/Date					
Treatment IAW CDC/AF Guidelines					
Initial Rx/Date					
Date referred to PH					
Date seen by PH					
Initial lab work ordered by PH if not by HCP					
All lab reports or results transcribed in medical record					
Contact investigation evident					
Time covered by contact interview					
Offered Hep B vaccine					
Accepted/declined Hep B vaccine					
Follow-up IAW CDC/AF Guidelines					
List follow-up labs/dates to be done					
Case reported IAW guidelines					

+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE

Figure 8

Tuberculosis Detection and Control Record Review			
RECORD I.D. (INITIALS/LAST 4)			
Date positive TST			
Date baseline Hx by PH			
Date initial eval by HCP			
CXR, HIV-risk eval, baseline AST			
Date started INH			
Monthly f/u; amount of INH given			
Closeout date			
Monthly provider visit			
DD Form 2453 complete			
Form 1480(A) annotated with (+) TST and meds			

Please extract data from the tracking log for the past 12-24 months.		Average days from positive TST to INH start	
All TSTs			
# Not placed on INH		Rationale	
Number TST placed			
AD:	Dep:		
Number TST read			
AD:	Dep:		
TST % Positive			
AD:	Dep:		

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE
Provide dates where available

PUBLIC HEALTH PROTOCOL 3

Installation Deployment Support Conference

Purpose   To conduct a cross-functional assessment of the medical unit's processes supporting installation deployments.

Medical Unit Attendees
- MRO, MRNCO, or MRM
- Installation mobility officer or NCO (Wing)
- Mobility processing unit chief or NCO (Wing)
- An outpatient medical records representative
- An immunizations technician
- A dental technician
- A mental health representative
- Medical intelligence officer (public health representative)
- An aerospace medicine representative

Special Requirements   A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either "in the round" or in a U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda   An interactive discussion centering about the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Both large scale and notional deployment processing will be discussed.

Time	Topic
5 min	Introductions and preliminary comments
30 min	EX.1.2.1 Deployment Preventive Medicine Activities • How does the IDO coordinate with the medical unit to determine needed unique immunization requirements • How are personnel on mobility identified • What surveillance processes (e.g., TB skin test and questionnaires) are in place to assess the effects of deployment on the health of service members

Time	Topic
45 min	EX.1.2.2 Deployment/Redeployment Processing Support • What determines if a mobility process line is formed or if the tasked individuals will process through each required section personally • What is the sequence of events as the various messages notifying the base of mobility requirements arrive; emphasize actions the medical unit takes to support/clear all deploying personnel • If an individual is determined to not be medically cleared to mobilize, what actions follow • How would BW/CW defense materiel be distributed • Where is appropriate MI information obtained for the deployment location • How was the threat brief to all deploying personnel and commanders developed and when is that information passed on • How is pre- and post-deployment processing accomplished • How were medical intelligence/after-action reports prepared and reported

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Figure 9

Record ID					
PHA current (date)					
World-wide qualified note present (date)					
2766c in record (date)					
Appropriate labs & immunizations current (e.g. HIV within 12 mo. and TB skin test within 24 mo. of deployment)					
Listed in deployment log					
Pre-deployment questionnaire (date)					
BW/CW antidote briefed					
Arrive AOR (date)					
Depart AOR (date)					
Medical debrief (date)					
Post-exposure malaria prophylaxis					
Post deployment TST (date)					

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE
Provide dates where applicable

Figure 10

Number Mobility Positions	Number Current		
	Hepatitis A:	**Tetanus:**	**Influenza:**

PUBLIC HEALTH PROTOCOL 4

Medical Unit Employee Health

Purpose	To assess the medical unit employee health and safety program effectiveness (this does not include environment of care issues).
Medical Unit Attendees	PH personnel, medical unit infection control committee representative and other medical unit staff who may be active players in the medical unit employee health program.
Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration, rather than a traditional classroom arrangement. The location should consider program documentation availability and minimal disruption to daily operations.
Description of Activities and Conference Agenda	Open discussion concerning document review and interactive inspection of programs using pertinent evaluation criteria from the Health Services Inspection Guide. The inspector may request additional documents deemed necessary to support/clarify inspection findings at any point.
Record Review	Following notification of the inspection, public health personnel will review medical records and logs using the criteria in the record review sheet attached to this protocol. Please complete these tables and place them in a folder labeled "Data Collection Tools." The folder should then be placed into the public health inspector's on-site documents box in the identified HSI work center (please see the project officer's guide for more information).
Description of Activities and Conference Agenda	Open discussion concerning document review and interactive inspection of programs using pertinent evaluation criteria from the Health Services Inspection Guide. The inspector may request additional documents deemed necessary to support/clarify inspection findings at any point.
Elements Assessed	Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Be prepared to discuss:

Time	Topic
15 min	IG.2.1.4 Communicable Disease Monitoring in Medical Unit Workers • Medical unit workers with communicable diseases are identified, duty disqualified and reinstated • Communicable disease trends in medical unit workers are tracked and analyzed • How at risk personnel are identified and classified into high risk or exposure-prone categories
30 min	IG.2.1.5 Medical Unit Bloodborne Pathogen Program • How the medical unit ensures compliance with OSHA bloodborne pathogens standard • How personnel receive training in bloodborne pathogens • The medical unit's bloodborne pathogens exposure control plan • How bloodborne pathogens incidents are identified, tracked, evaluated and reported
30 min	IG.2.1.7 Medical Unit Occupational Exposure to Tuberculosis • How the medical unit ensures compliance with CDC recommendations for TB exposure control for health care workers • The medical unit's exposure control plan • TB risk assessment and how it was used to determine your facility's risk classification • How at risk personnel are identified and how these personnel are trained • How TB awareness training is provided to medical unit personnel • How the respiratory protection program and engineering controls are used to protect health care workers

Evaluation of Employee Work Activities

Other inspectors may evaluate specific employee health activities within medical unit duty areas. These inspectors provide feedback to the PH inspector for consideration in scoring employee awareness and OSHA-mandated program knowledge.

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Figure 11

Medical Unit Employee Health Program Review		
Employee is	Exposure Prone	High Risk
Record I.D. (Initials/last 4)		
Hep B vaccination given		
HBsAG testing accomplished		███████
HIV testing accomplished		

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE

Figure 12

Bloodborne Pathogen Exposure Cases		
Record I.D. (Initials/last 4)		
Bloodborne pathogen exposure evaluated IAW OSHA guidelines		
Evaluated by HCP, follow-up and treatment plan annotated in medical record		
Patient Hep B vaccine and titer status annotated in medical record		
Source blood tested IAW CDC guidelines		
Patient's blood tested IAW CDC guidelines		
HCP written opinion provided to patient within 15 days of exposure		
HCP written opinion in the medical record		
Patient f/u accomplished as requested by provider		

"+" = PRESENT   "-" = NOT PRESENT   "NA" = NOT APPLICABLE

Figure 13

TB Exposure Control Plan Review			
Element		**Present**	
	Needed	**Yes**	**No**
Assigning responsibility (Section II.A) *	x		
Risk assessment (Section II.B.1)	x		
TB infection control plan (Section II.B.2)	x		
Periodically reassess risk (Section II.B.3)	x		
Identifying, evaluating, and initiating treatment for patients who may have active TB (Section II.C)	x		
Managing patients who may have TB in ambulatory-care settings and emergency departments (Section II.D) Triage system; Protocol to manage active TB, referring patients	x		
Managing hospitalized TB patients (Section II.E)			
Engineering controls (Suppl. 3, Section II.F)			
Respiratory protection (Suppl. 4, Section II.G)	x		
Aerosol-generating procedures (Section II.H)	x		
Educating and Training HCWs (Section II.I)	x		
Counseling and screening HCWs (Section II.J) Counseling HCWs regarding TB; identifying, evaluating HCWs with signs of active TB; baseline, periodic PPD testing; evaluating, managing (+) PPD; managing HCWs with active TB	x		
Conducting a problem evaluation (Section II.K) Investigate clusters, patient to patient transmission	x		
Coordination with the public health department (Section II.L)	x		

* Section citations refer to paragraphs in MMWR Vol. 43/No. RR-13, 28 Oct 94

SENIOR ENLISTED PROTOCOL 1

Pharmacy Services

Purpose
To assess the effectiveness and efficiency of operational procedures, formulary management procedures and oversight of controlled medications.

Medical Unit Attendees
The Pharmacy OIC, NCOIC and vault custodian should participate in this conference.

Special Requirements
A room near the main pharmacy large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda
An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
15 min	Brief tour and orientation of the pharmacy
30 min	IG.2.5.5 Medication Security • Discuss maintenance/security of controlled medication in the pharmacy/other areas where controlled medications are stored • Inventory procedures • Spot validation of selected controlled medications • Discuss maintenance and security of controlled medication in other areas of the facility (e.g., anesthesia, ambulatory surgery) • Inventory procedures and oversight of those areas

45 min	IG.2.5.4 Pharmacy Management
	• Discuss procedures for monitoring medication therapy by pharmacy personnel
	• Discuss/review medication dispensing procedures to include:
	  ➢ Patient counseling
	  ➢ Patient education
	  ➢ Risk management
	• Discuss procedures for updating/changing the local formulary
	• Review and discussion of P&T function

Inspector Contact
For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 2

Operational Immunization Services

Purpose	To assess the support provided to the installation readiness mission by the Immunization Clinic. The staff may be called upon to demonstrate specific processes or clarify any questions that may exist after the inspector has reviewed the section's on-site documentation.
Medical Unit Attendees	If possible, a back-up immunization technician should provide clinic coverage during this conference so that all primary personnel are available to meet with the inspector. The following personnel should participate in this conference: • Immunization OIC, NCOIC • Physician liaison (if not the OIC) • Other interested staff as time, space and duties allow
Special Requirements	A room in or near the functional area that is large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either in a round or U-shaped configuration instead of classroom setting.
Description of Activities and Conference Agenda	An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	IG.2.5.6 Immunization Services • Discuss training procedures for back-up/augmentee personnel • Discuss process for tracking the immunization status of mobility personnel • Discuss immunization currency statistics • Describe mobility processing line • Discuss the last immunization associated with a significant adverse reaction (have the medical record available), subsequent actions, lessons learned, etc. • Show how documentation of immunization activities is accomplished in order to comply with National Vaccine Injury Compensation Program requirements • Demonstrate/review emergency response protocols/equipment

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 3

Administration of the On-the-Job Training (OJT) Program and Supervisory Involvement -- OJT

Purpose	To assess the effectiveness of the On-the-Job Training (OJT) Program, progress of Career Development Courses and Volume Review Exercises, supervisor, trainer and certifier training, supervisory and commander involvement and the documentation in the AF Forms 623.
Medical Unit Attendees	OJT manager
Special Requirements	This interview will normally be conducted in the OJT manager's office or other appropriate setting.
Description of Activities and Conference Agenda	An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
45 min	LD.3.3.4 Administration of the On-the-Job Training Program • Review of OJT program management findings from document review
45 min	LD.3.3.2 Supervisory Involvement – On-the-Job Training • Review and discuss findings and observations from OJT records that were inspected during document review

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 4

Education and Training (Life Support)

Purpose To assess the status of the organization's Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training programs.

Medical Unit Attendees The following personnel should participate in this conference:
- BLS program manager
- ACLS, PALS, NRP, and AED training (as required by the organization)
- Training officer at unit's discretion
- EMT program manager

Special Requirements A room large enough to accommodate personnel attending the conference.

Special Document Requirements Please have the following documents available:
- Database/files/documents used to track training statistics for BLS training
- Database/files/documents used to track training statistics for ACLS, PALS, NRP, and AED training as required to support unit training needs
- Database/files/documents used to track EMT training/certification

Description of Activities and Conference Agenda An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	LD.3.3.3 Life Support Training • Review the last 12 months of BLS training statistics (month by month) with inspector • Describe methods used for tracking BLS currency (utilize documents/database/files in the discussion) • Review process for determining number of BLS instructors and adequacy of training staff • Assess availability and condition of training equipment • Review procedures for reporting and updating training statistics • Discussion concerning the methodology of conducting ACLS, PALS, NRC (or NRP) and AED training at the MDG, reporting and tracking training statistics, and locally developed strategies to improve these training programs • Review process for tracking NREMT certification; discuss refresher training program schedules and attendance

Inspector Contact   For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 5

Independent Duty Medical Technician (IDMT) Program And Medical Support For Mobile Medical Units/Remote Sites

Purpose	To assess the effectiveness of IDMT training and support provided to IDMTs at remote sites/MMUs along with commander and supervisory involvement.

Medical Unit Attendees	The following personnel should participate in this conference: • IDMT program monitor • Primary physician preceptor • Representatives from 2 or 3 sections that conduct initial, annual, or recurring training for IDMTs

Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs and tables for documents should be arranged so attendees are sitting around the table or either in a round or U-shaped configuration if no table is used. Do not use a "classroom" configuration.

Description of Activities and Conference Agenda	An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
50 min	EX.1.4.2 IDMT Program • Overall IDMT program management • Mechanisms by which the facility manages and meets training requirements for assigned or supported IDMTs • Discussion of support provided to remote sites/MMUs • Effectiveness and quality of required SAVs to remote sites/MMUs

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 6

Emergency Response and Aeromedical Staging Facility Vehicle Inspection

Purpose   To assess the ability to safely transfer patients of all types to and from the medical unit.

Medical Unit Attendees   Attending personnel should have been assigned to this functional area for at least six months and be familiar with the operation/maintenance of the vehicle(s), all emergency response equipment, as well as local operating procedures, guidelines and checklists. The following personnel should participate in this conference:
- For acute care clinic (or similar):
  - One acute care clinic nurse
  - Two medical technicians (one qualified ambus driver if available, one flight medicine, one health services technician)
- For ASF patient transport:
  - One ASF nurse
  - Two aeromedical evacuation technicians (at least one of the technicians must be a qualified ambus driver)

Note: Additional personnel are welcome to attend as time, space and duty considerations allow.

Special Requirements   Primary and alternate ASF ambuses and any ambulances used for emergency response.

Description of Activities and Conference Agenda   An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	IG.2.5.2 Emergency Response: Ambulances and Equipment EX.1.5.7 Aeromedical Staging Facility (ASF) Function • The inspector will tour the transport vehicle parking area, the ASF and emergency response communication and control center and inspect the vehicles • Describe the transfer procedures for routine outpatients and for seriously ill inpatients

Time	Topic
	• Exhibit vehicle maps/checklists and describe how they compare with those used by other installation response forces, (e.g., fire department) • Show proficiency with local pre-hospital protocols • Demonstrate proficiency with any equipment used during patient transfers; for instance, the use of an automated electronic defibrillator • Provide details of the most recent en route emergency (or exercise) and any lessons learned from that event

Inspector Contact   For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 7

Junior Enlisted Conference

Purpose	The purpose of this conference is to assess the climate for enlisted personnel.

Medical Unit Attendees	Personnel in grades E-1 through E-5 should participate in this interview. In large facilities the number of participants may be limited. The enlisted inspector will coordinate with the medical superintendent regarding attendees.

Special Requirements	A room large enough to accommodate personnel attending the interview. Chairs should be arranged in a circular fashion to facilitate open discussion.

Description of Activities and Conference Agenda	An interactive discussion lasting approximately one hour will center on various issues involving the enlisted force. Specific issues, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic

60 min	LD.3.3.1 Squadron Leadership
	 • Introductions and preliminary comments
	 • Issues to address could include:
	     ➢ Military standards
	     ➢ Mentoring
	     ➢ Communication channels relating to standards of conduct, duty performance, etc.
	     ➢ Training programs
	     ➢ Awards and decorations
	     ➢ Morale

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.

SENIOR ENLISTED PROTOCOL 8

Senior Enlisted Conference

Purpose	The purpose of this conference is to assess the climate for enlisted personnel.

Medical Unit Attendees	Personnel in grades E-6 through E-8 should participate in this interview. In large facilities the number of participants may be limited. The enlisted inspector will coordinate with the medical superintendent regarding attendees.

Special Requirements	A room large enough to accommodate personnel attending the interview. Chairs should be arranged in a circular fashion to facilitate open discussion.

Description of Activities and Conference Agenda	An interactive discussion lasting approximately one hour will center on various issues involving the enlisted force. Specific issues, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic

60 min	LD.3.3.1 Squadron Leadership
	• Introductions and preliminary comments
	• Issues to address could include:
	  ➢ Military standards
	  ➢ Mentoring
	  ➢ Communication channels relating to standards of conduct, duty performance, etc.
	  ➢ Training programs
	  ➢ Awards and decorations
	  ➢ Morale

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-1771/2566 and request an Active Duty senior enlisted medical inspector.